

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

☐ Customer Number  
or Bar Code LabelOR ☐

Correspondence address below

Name

JOHN S. FOSTER

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4678 VIA HUERTO

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State

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ZIP

93110

Country

USA

Telephone

(805) 681-2838

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(805) 967-2677

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

PATRICK EDWARD

Family Name  
or Surname

FEIERABEND

Inventor's  
Signature

Patrick Feierabend

Date

1/11/01

Residence: City

215 VIA SEVILLA ST  
~~SANTA BARBARA~~

State

CA

Country

USA

Citizenship

US

Mailing Address

215 VIA SEVILLA ST

Mailing Address

City

SANTA BARBARA

State

CALIF

ZIP

93109

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Richard Thomas

Family Name  
or Surname

MARTIN

Inventor's  
Signature

Richard Thomas Martin

Date

11 Jan 2001

Residence: City

Goleta

State

CA

Country

USA

Citizenship

USA

Mailing Address

5692 Berkeley Road

Mailing Address

City

Goleta

State

CA

ZIP

93117

Country

USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☒

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page ___ of ___
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Jettory Frank			Summers		
Inventor's Signature	<i>Jettory Frank Summers</i>				Date
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	1416 Clearview rd.				
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Andrew Dexter			Wallis		
Inventor's Signature	<i>Andrew Wallis</i>				Date
Residence: City	Los Alamos	State	CA	Country	USA
Post Office Address	P.O. Box 902 Los Alamos CA 93440-0902				
Post Office Address					
City	Los Alamos	State	CA	ZIP	93440
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname		
Paul J.			Rubel		
Inventor's Signature	<i>Paul J. Rubel</i>				Date
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	527 La Marina Dr.				
Post Office Address					
City	Santa Barbara	State	CA	ZIP	93101
				Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/02A (3-97)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John Stuart		Foster	
Inventor's Signature	<i>John Stuart</i>	Date	1/11/01
Residence: City	Santa Barbara	State	CA
	Country	USA	Citizenship
Post Office Address	4678 Via Huerto		
Post Office Address			
City	Santa Barbara	State	CA
	ZIP	93110	Country
	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John W		Stocker	
Inventor's Signature	<i>John W Stocker</i>	Date	1/17/01
Residence: City	Santa Barbara	State	CA
	Country	USA	Citizenship
Post Office Address	211 Bath		
Post Office Address			
City	Santa Barbara	State	CA
	ZIP	93101	Country
	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page ____ of ____
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John Stuart		Foster	
Inventor's Signature			Date
Residence: City	Santa Barbara	State	CA
		Country	USA
Post Office Address	4678 Via Huerto		
Post Office Address			
City	Santa Barbara	State	CA
		ZIP	93110
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
		Stocker	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Post Office Address			
Post Office Address			
City		State	
		ZIP	
		Country	

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number**

**First Named Inventor**

PATRICK E. FEIERABEND

**COMPLETE IF KNOWN**

**Application Number**

**Filing Date**

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application  
Number(s)**

**Country**

**Foreign Filing Date  
(MM/DD/YYYY)**

**Priority  
Not Claimed**

**Certified Copy Attached?  
YES NO**

☐  
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

**Application Number(s)**

**Filing Date (MM/DD/YYYY)**

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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